

Small Business Express

Hurricane Sandy Business Disaster Relief

Connecticut

still revolutionary

Instructions: Complete this form and submit under separate cover the highlighted areas, if applicable, on line, via email or mail to:
Toni Karnes, DECD, 505 Hudson Street, Hartford, CT 06106, toni.karnes@ct.gov

Section One: Program *(Please check below the component you are applying to)*

Hurricane Sandy Business Disaster Relief Grant (10k – 50k) _____

Express Matching Grant (10k – 100k) _____

Section Two: Applicant Information

Applicant (Recipient of Funds): _____

Address (City, State, Zip Code): _____

Website: _____

Federal ID Number: _____

State Tax Registration #: _____

Project Location: _____

County: _____

Contact Information: (Name, Title) _____

Tel #1: _____

Fax: _____

Email: _____

Business Industry: _____

NAICS: _____

Women Owned Business? (Y/N) and % _____

Minority-Owned Business? (Y/N and %) _____

Veteran Owned Business? Yes _____ **No** _____

International Exporting Business? Yes _____ **No** _____

Applicant Structure (e.g. LLC, corporation, S-Corp, partnership): _____

Date Established: _____

State of Incorporation: _____

Employment:

Existing: Full Time _____

(Registered with DOL)

Part Time _____

Number of hours per week for full-time: _____

New Jobs: Full-Time _____

Part Time _____

Anticipated timeframe for new jobs: _____

Ownership Information *(Submit under separate cover)*: (1) List of Name(s), (2) Title(s), (3) Address(es), (4) % of Ownership, (5) Identify and list owners by % of women-owned or % minority-owned if applicable; (6) Soc. Sec. # and/or Federal Employer ID#.

Company Status:

- Does applicant have any delinquent State, Federal or Local Taxes? (If yes, submit under separate cover)
- Do any owners/officers have any personal tax issues? (If yes, please provide an explanation.)
- Has the applicant or its owners ever filed for bankruptcy? (If yes, submit under separate cover.)
- Has the applicant or its owners ever been convicted of a felony?
- Does the applicant have any outstanding, pending or anticipated litigation, environmental, OSHA or other issues outstanding? (If yes, submit under separate cover)

No _____ Yes _____

No _____ Yes _____

No _____ Yes _____

No _____ Yes _____

No _____ Yes _____

Section Three: Assistance Request Information

EXP Grant Amount Requested: \$ _____

Hurricane Sandy Amount Requested: \$ _____

Brief Project Description and Use of Funds Request *(See procedures for eligible uses and submit under separate cover)*:

*Please note: At the discretion of the Commissioner, financial assistance may require collateral.

Section Four: Additional Information *(Please provide the following information under separate cover)*

- Last three fiscal years of accountant-prepared financials, including notes. If not available please provide tax returns and internal financials (balance sheet and income statement) for this period.
- Applicant Structure Documentation (Articles of Incorporation, proof of registration to conduct business in Connecticut, etc.)
- Project Financing Plan & Budget and Schedule A (list of job titles and salaries/wages)
- Project Description (include rationale for budgeted cost estimates, economic impact, measurement of impacts)
- Business Plan (company history, products and services, description of market and competition, revenue forecasts)
- If Business does international exporting please fill out document labeled Strategic Export Plan.
- (For more information and forms, please visit <http://www.ct.gov/ecd/cwp/view.asp?a=3931&q=489792>)
- Proof of Business Losses and/or Interruption as a result of Hurricane Sandy (Invoices paid, receipts, contracts, etc).
- Documentation of Disaster Recovery Compensation.
- Hurricane Sandy Disaster Recovery Grant Supplement

Please note: Application review will not begin until all required documents are received.

Section Five: Certification

It is hereby represented by the undersigned to the State of Connecticut including but not limited to the Department of Economic and Community Development to consider the financial assistance requested herein, that to the best of my knowledge and belief no information or data contained in the Application or in the attachments are in any way false or incorrect, and that no material information has been omitted, including the financial statements. The undersigned agrees that banks, credit agencies, the Connecticut Department of Labor, the Connecticut Department of Revenue Services, the Connecticut Department of Energy and Environmental Protection, and other references are hereby authorized now, or anytime in the future, to give the State of Connecticut including but not limited to the Department of Economic and Community Development any and all information in connection with matters referred in this Application, including information concerning the payment of taxes by the applicant, its owners, and executives. In addition, the undersigned agrees that any funds that may be provided pursuant to this Application will be utilized exclusively for the purposes represented in this Application, as may be amended. *** False statements made in the preparation and submission of this applicant and related materials are punishable as a Class A Misdemeanor under Connecticut General Statutes 53a-157b. ***

Section Six: Public Announcement

Please be advised that your company and your project may be highlighted in a press release issued by the State. Company proprietary or trade secret information WILL NOT be disclosed. If you would like additional information concerning this, please contact DECD.

By submitting this document I, (insert Authorized Name/Title) _____ certify and agree to the above.

Signature and date: _____

**Hurricane Sandy
Disaster Recovery Grant Supplement**

1. Did your business experience losses, damages and/or interruption as a result of Hurricane Sandy? ☐ Yes ☐ No
2. If yes, describe your loss, damage and/or interruption as a result of Hurricane Sandy: *Including loss of sales revenue, inventory, customers, movable equipment, building damage etc.*
3. Have you applied for any disaster-related assistance from FEMA as a result of damages to your business? ☐ Yes ☐ No
4. If yes, what is your FEMA Registration Number? _____
5. Have you applied for any disaster-related assistance from SBA as a result of damages to your business? ☐ Yes ☐ No
6. If yes, what is your SBA Registration Number? _____
7. What is the approximate total dollar value of your business loss as a result of Hurricane Sandy as of the date of this application? \$ _____
8. What financial assistance has been offered, received, rejected, applied for or is pending for Hurricane Sandy business recovery? *List only Sandy-related recovery from sources such as the SBA, City and State programs, banks, alternative lenders, etc.*

Source (SBA, FEMA, Emergency Loan, etc.)	Amount of Financing Awarded	Status (Offered, Received, Rejected, applied for, pending)
Total Sandy Related Financing:		

9. To what extent did insurance proceeds cover the Sandy-related losses referenced in Question 2?

Source	Amount of Insurance Proceeds	Status (Offered, Received, Rejected, Applied for, Pending)
Total Sandy Related Financing:		

10. How much in financial assistance for working capital, physical building repair and/or moveable equipment do you estimate your business needs for Sandy disaster recovery?

Working Capital and Movable Budget	
Staff, payroll and related taxes and benefits	\$
Building Repair	\$
Inventory	\$
Utilities	\$
Marketing	\$
Insurance	\$
Business Taxes	\$
Movable Equipment	\$
Total Hurricane Sandy Recovery Working Capital and Equipment Budget	\$

IN ORDER FOR THE DEPARTMENT OF ECONOMIC AND COMMUNITY DEVELOPMENT TO PROCESS THIS APPLICATION, THE BELOW CERTIFICATION MUST BE REVIEWED AND SIGNED BY AN AUTHORIZED REPRESENTATIVE OF THE BUSINESS ENTITY SEEKING ASSISTANCE UNDER THE COMMUNITY DEVELOPMENT BLOCK GRANT - DISASTER RECOVERY PROGRAM.

CERTIFICATION

Instructions: The Authorized Principal Representative for the business completing this application for the Community Development Block Grant – Disaster Recovery program is required to certify under penalty of perjury the following:

I attest to the best of my knowledge and belief that all information submitted in this application as well as in any supporting documents is accurate and complete. I am aware that the submission of inaccurate or fraudulent information may be grounds for denial or recapture of a grant and/or loan, and may be punishable in civil or criminal proceedings under the State or Federal Law. I understand that any information I give may be investigated and verified. I further understand that the completion of this application neither constitutes approval by the State nor obligates funds in any way.

Furthermore, I acknowledge and understand that:

- DECD has my permission, as required by the Privacy Act, to release information to program partners including Department of Housing (DOH) in connection with the application for a grant, loan or other benefit related to disaster recovery under this Program.
- To allow, any federal, state, or local government agency or authority that has or is providing emergency storm recovery funding for damage sustained as a result of the storms to share its information with DECD and its agents.
- DECD will rely on information supplied in this Certification as an additional inducement to enter into a loan, grant and/or other benefit related to disaster recovery under this Program with my business.
- DECD reserves the right to request any additional information deemed necessary to evaluate the loan eligibility of my business under the Program.

As part of this application, a waiver is provided to the Federal Emergency Management Agency (FEMA), and the Small Business Administration (SBA), to provide Duplication of Benefits Information to the Department of Housing to assist in the determination of the cost effectiveness of my participation.

Any information shared with the State pursuant to the foregoing provision will be considered information concerning the financial condition or personal affairs of the applicant and will be treated as such under Connecticut's Freedom of Information Act.

Signature

Date

Print Name

Title

Business Name